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ABSTRACT

Little research has examined the practical techniques employed by psychologists working with children. To examine current practices in child psychotherapy, licensed psychologists in the state of Texas completed questionnaires about mental health intervention efforts with prepubertal children. Almost half of the 724 respondents indicated that they had some therapeutic involvement with children. The respondents tended to be engaged in a variety of work activities, but spent more time offering therapy in a private practice arrangement. The psychologists' practices mainly consisted of children with adjustment reactions, school problems, and learning disabilities. Psychologists preferred the use of family therapy and behavioral procedures; the majority saw their clients for relatively brief periods of time. The findings indicate that psychologists tend to work with only a small portion of those children in need of psychological services. (Author/RC)

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Mental Health Intervention with Prepubertal Children

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MENTAL HEALTH INTERVENTION WITH PREPUBERTAL CHILDREN

While the profession of clinical child psychology can trace its roots back to the late 1800's, it has been involved in a growth spurt within the past decade (Fein, 1976; Wohlford, 1979). The emergence of this particular specialty has been accompanied by a growing number of theoretically based articles that deal with various aspects and applications of clinical techniques. Despite the growth of interest in the field and figures suggesting that approximately 5 to 15% of children between the ages of 3 to 15 have handicapping mental health problems (President's Commission on Mental Health, 1978), very few attempts have been made to examine the practical techniques currently in use by practioners who deal with children. Recently, however, Koocher and Pedulla (1977) examined the practices of psychologists who were members of the Section on Clinical Child Psychology of Division 12 of the American Psychological Association and of psychiatrists affiliated with the American Academy of Child Psychiatry. For their study they examined various aspects of the practice of 110 psychotherapists from different sections of the country.

The purpose of the present research was to build on the work of Koocher and Pedulla by narrowing the dimensions and broadening the scope of their inquiry. Rather than limit our efforts to the psychologists who specialize in working with children, we chose to focus on a large, diverse body of licensed psychologists whose

practice involves both children and adults. Whereas Koocher and Pedulla surveyed a relatively small number of specialists scattered across the United States we were interested in surveying a total sample of pschologists within a large populous state. A second related goal of this study was to compare the present findings with those of Koocher and Pedulla's. Our study focused on the methods regularly employed by practitioners in the state of Texas, to meet the needs of the children they treated. It is .ntended to be a description of current practices in child psychotherapy by licensed psychologists, rather than a needs .ssessment.

METHOD

Questionnaires concerning the practice of psychotherapy with children under the age of 13 were sent to all licensed pschologists (N=1264) with Texas addresses who were included in the 1980 Roster of the Texas State Board of Examiners of Psychologists. Of the 1,264 questionnaires that were initially distributed, 44% (N=558) were returned within a period of three weeks. A second mailing to all nonrespondents produced an additional 13% (N=166) for a 57% total rate of return (N=724).

Three specific information areas were covered by the questionnaire. The first group of questions dealt with respondent demographic data, including information about training, work setting, time devoted to work activities and children treated within the last year. The second set of questionnaire items dealt

with the type of intervention approaches used with children. If the respondent indicated that he/ she saw child clients, they were requested to estimate the number of hours per month, the number of child clients per month, as well as the length of time children typically spend in treatment. In addition, the respondents were requested to evaluate their use of different forms of treatment on a 4 point scale ranging from "never" to "always". A third set of items requested information about the primary difficulty leading to client identification and the primary referral agent.

RESULTS AND DISCUSSION

DEMOGRAPHIC CHARACTERISTICS

Of the 724 respondents, almost half (49%) indicated that they have practiced pschotherapy with children under the age of 13 within the last year. The survey results presented in this paper are based only upon the responses of these 354 "child psychologists" or "child therapists." We were interested in looking at the characteristics of psychologists who work with children. We found that they are mostly male, mostly young, and mostly with recent degrees in clinical or counseling psychology. Males comprised 73% of the child psychologists, while the remaining 27% were female. These figures are almost identical to those of Koocher and Pedulla's (1977) sample, which was 72% male and 28% female. Approximately 2/3 of the therapists were under the age of 45 indicating that the majority of child psychologists who work with children are young.

A similiar 65% figure reflects the percentage of respondents with child clients who received their degrees since 1970. When we compared our findings with Koocher and Pedulla's national sample, it was discovered that the modal age range for the state group was 35 to 45, while the mean age for the national sample was 45. It is therefore likely that the state group has less than the average of 13 years of practice with children held by the national group. Differences that appear in some of the subsequent results may be partially attributed to age or experience or some combination of these variables. The vast majority of the respondents identified themselves with an applied specialty area; e.g., clinical (50%) and counseling (27%), psychologists comprised three-fourths of the group.

WORK SETTING

The next area of inquiry focused on the question of employment setting. Most of the respondents indicated that they work in more than one setting, which is consistent with the role of the clinical child psychologist described by Elfman (1975). All but 13% work at least part-time in a private practice, which is by far the most common work setting reported. Relatively few psychologists who see children work in hospitals, community mental health centers, or the schools. This has serious implications for the population that will be seen by the child psychologist. If relatively few psychologists are working in these traditional settings, who are seeing these children? Koocher and Pedulla's

(1977) sample of pschologists were more likely than the state group to work in community mental health centers and child guidance clinics. Few psychologists from either group spend time in public or private schools.

The results from both surveys suggest that the majority of preadolescent children who receive treatment from psychologists obtain it in a private practice arrangement. Since many families cannot afford private treatment for their children, one can but infer that many children needing psychological intervention do not have access to licensed psychologists, but must be receiving services from other mental health professionals, if at all. Wohlford (1979) noted that "of the many thousands who work directly with disturbed children, psychologists are a minority" (p.26).

WORK ACTIVITIES

The respondents to our questionnaire proved to be a diverse and eclectic group. The figures in Table I suggest that most of them are involved in a variety of work activities. More than one third devote a considerable portion of their time to therapy, while the rest of their time is divided between doing pschological assessments, teaching, and consultation. As a group, the respondents are minimally involved in research, with two thirds indicating they spend no time in this activity and only 1% devoting more than half of their time to it. Although almost half of the respondents spend some time in administrative duties, only 3% could be considered more than half-time administrators.

While approximately half of the pschologists surveyed indicated that they see child clients, 72% of them see less than 10 children per month and 62% devote less than one fourth of their total practice time to working with children. Thus, most of the state sample do not tend to specialize in working with preadolescents but do include this group in their overall practice.

INSERT TABLE I HERE

PRESENTING PROBLEMS

Since children are seldom if ever self-referred, we were concerned with what types of presenting problems would bring a child to the attention of a referral source and who the referral source would be. We asked the respondents who were the primary agents for their child clients. 84% of the therapists stated that they received the majority of their referrals from parents, while 68% of the respondents reported schools as a common referral source.

The respondents were next asked to indicate the percentage of child clients in treatment with various problems contributing to their need for therapeutic intervention. The results are presented in Table II. Children with adjustment reactions, school

problems and learning disabilities are the primary recipients of therapeutic services, while psychotic, autistic, and status offenders comprise a much smaller percentage of the psychologists' practice. These results suggest that a significant portion of children seen in therapy have difficulties that primarily manifest themselves in the school setting ("learning disabilities" and "school problems") and it is also likely that children with other problems (e.g. "adjustment disorders") have some type of interpersonal problems that also show up in school.

Many of the problems that bring children to the attention of a referral agent are a function of the child's role as a student. Due to the developmental nature of many of the behaviors of emotionally disturbed children, behavior that would earmark children as "troubled" changes as they grow. Wohlford (1979) pointed out that the emotional problems of children under six are demonstrated through physical symptoms, e.g. enuresis, encopresis, etc.; developmental disabilities or behavior problems, e.g. temper tantrums, hyperactivity, etc. Emotional problems of the six to twelve year old are often expressed as learning disorders, adjustment reactions, or the inability to relate to peers and authority figures (Clarizio, 1976). Thus our findings corroborate the developmental observations of other researchers.

Koocher and Pedulla did not attempt to determine the frequency of children's problems leading to their referral for therapeutic intervention, but instead asked their sample to evaluate their level of success with various types of child

clients. They noted that their most effective theraputic intervention was with school age children. Thus, using a small inferential leap, the problems most likely to bring a child to someone's attention are the very problems child pschologists deal with most effectively.

INSERT TABLE II HERE

PSYCHOTHERAPUTIC APPROACHES

Another area of consideration was the type of theraputic intervention used with children once they reach therapy. Respondents were asked to rate their frequency of use of a number of treatment approaches, some of which can be used in conjunction with various theraputic orientations (e.g., family therapy, play herapy, group therapy). The results are displayed in Table III. Family therapy is the most commonly used approach with 68% of the respondents using it frequently or always, while behavioral approaches were the second most widely used technique (53%). The popularity of family therapy, regarded as one of the newer approaches, and behavior modification may be a reflection of the youth of the respondents and the recency of their training since both approaches have become popularized within the last fifteen years.

Play therapy and client-centered therapy are infrequently used by our respondents. Other approaches such as rational emotive, reality therapy, gestalt, group therapy and transactional analysis are used by a minority of therapists. Finally, the pschoanalytic approach is the least preferred orientation for use with preadolescents. Almost three-fourths of the pschologists never use it, while only 9% use it frequently or always.

INSERT TABLE III HERE

These findings are generally consistent with those of Koocher and Pedulla (1977). Family systems theory and behavior modification were also the most useful to their national sample, while client- centered therapy and the newer approaches were infrequently used. The most marked contrast in the use of pschotherapeutic approaches revealed by the two surveys is in the use of the pschoanalytic approach. While Koocher and Pedulla noted that "psychoanalytic theory is still a very powerful force in child psychotherapy" (p.279), few psychologists in the Texas sample ever use this approach in working with the problems of their preadolescent clients. The exact reasons for this significant discrepancy are not known but may be related to differences in training patterns for those who (a) selected a

clinical child speciality (i.e., the national sample), or (b) received a more generalized training that has a different theoretical emphasis (i.e., the state sample).

LENGTH OF THERAPUTIC INTERVENTION

The majority of child clients remain in therapy for brief periods of time; three months is the modal time period. (See figure I). Very brief therapy (one month or less) or more extensive therapy (nine months or more) is far less common. Thus, most child clients receive brief therapeutic intervention, from 1-8 months. Koocher and Pedulla did not report patterns in this variable for their sample. It appears that therapy is fairly task oriented with an emphasis on behavioral changes within a fairly structured time period.

PUT FIGURE ONE HERE

SUMMARY

The results of our survey, based on the responses of 724 licensed psychologists in Texas, may be summarized as follows:

1. Almost half of the respondents indicated that they had practiced psychotherapy with at least one child under the age of 13 within the last year. Most of the respondents see fewer than 10 children per month.

2. The respondents were predominantly male, under the age of 45, received their degrees within the last 10 years, and refer to themselves as clinical or counseling psychologists.
3. Private practice is the most common work setting while almost half of the therapists work at least part-time in a university or college setting. Significantly fewer psycholgists work in hospitals, mental health centers, or schools.
4. The respondents perform a variety of work activities, but spend more time with therapy than in other activities. Assessment, teaching, and consultation are largely part-time duties. Respondents tend to be least involved in administrative and reseach activities.
5. The majority of respondents received their child client referrals from parents and the schools. Adjustment reactions, school problems, and learning disabilities are the most frequent difficulties leading to the referral of children for psychotherapy, while relatively few psychotic, autistic, or status offenders comprise the child client lists of psychologists.
6. Child psychologists overwhelmingly prefer family therapy and behavioral procedures, while few of them use the psychoanalytic approach.
7. The majority of child psychologists see most of their children for brief therapy (1-8 months), and it is uncommon

for children to be seen for longer or shorter periods of time.

Because the sample surveyed was limited to licensed psychologists in a large populous state, the question of how representative the findings are across the whole country is not precisely known. The results, however, are generally consistent with Koocher and Pedulla's (1977) national data based on the responses of members of the Clinical Child Section of the APA with two major exceptions: the state group is younger and makes less use of psychotherapeutic approaches based on the pschoanalytic orientation.

CONCLUSION

The initial purpose of our study was to systematically examine the methods used by licensed psychologists to meet the needs of child clients. In an effort to obtain a global measure of the practice of child pschotherapy, questionnaires were mailed to every licensed psychologist in a large populous state. Paradoxically, while the intent was to sample from a profession we believed to be the primary providers of pschotherapeutic services to children, we found we had sampled from a comparatively small (and elite) group whose practice may or may not reflect the kinds of services provided by the mental health profession as a whole. Our data revealed that most psychologists work with children in private practice, a setting in which most troubled children are least likely to be referred. Wohlford (1979) also has observed

that most children in need of psychological services are found in nontraditional mental health service settings, such as schools, health clinics, and courts and has suggested that treatment should be provided in these environments. Our data indicate that few of our respondents are in such settings and the places in the identification, referral, treatment sequence where the child psychologist can be of probable benefit to the potential client, are the places of least representation. The identification and referral phases are critical if the best use is to be made of available therapeutic resources.

Zill (1977) has pointed up the immediate requirement for a comprehensive assessment of children's psychological problems and needs. It is apparent, however, that a meaningful needs assessment must be based on the findings of a comprehensive overview of the total mental health service delivery system. Until such an overview has been carried out, any needs assessments drawn up must, of necessity, deal only with portions of a much larger problem. Part of this problem can be identified by analyzing the settings and conditions under which child psychologists are receiving their clients. Since the majority practice their specialty in a private setting, this suggests the possibility of a much larger potential client population that does not have access to professional pschological services.

Where child psychotherapy is concerned practice does not make perfect. It is essential that we determine the needs of child clients and then develop a comprehensive system for training

future child therapist to meet these identified needs. Before we can tailor programs to adquately train specialists in children's problems we need to define target populations who will receive these services, what services are needed and how children are channelled into therapeutic settings. The data resulting from this study seem to indicate a requirement for a more complete integration of the licensed professional into the total delivery system of mental health services for children.

While the present study examined the practices of all licensed psychologists in the state of Texas, it is only a small piece of a very large pie in terms of those who are providing mental health services to children. Hopefully, as different disciplines are sampled a more global picture of children's problems will develop. Then, and only then, will we understand the magnitude and scope of the problem.

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TABLE I

PERCENTAGE OF THERAPISTS

SPENDING TIME IN WORK ACTIVITIES

Work Activity	No Time	Less Than Half Time	Greater Than Half Time
Therapy	3%	60%	37%
Consultation	30%	69%	1%
Assessment	36%	62%	2%
Teaching	39%	51%	10%
Administration	53%	44%	3%
Research	66%	33%	1%
Other	88%	12%	0%

TABLE II

PERCENTAGE OF PSYCHOLOGISTS INDICATING THEIR CLIENTS HAD THE FOLLOWING PRESENTING PROBLEMS

PROBLEM	NONE	1-25%	26-50%	51-75%	76+
Adjustment Reactions	8%	37%	39%	10%	6%
School Problems	11%	43%	36%	8%	12%
Learning Disabilities	29%	51%	14%	3%	3%
Personality Disorders	42%	48%	8%	2%	<1%
Neuroses	45%	46%	8%	0%	1%
Delinquency	56%	39%	4%	1%	<1%
Child Abuse	59%	39%	1%	1%	<1%
Mental Retardation	71%	27%	1%	1%	<1%
Organic Syndrome	72%	26%	1%	1%	0%
Psychoses	72%	27%	1%	<1%	0%
Autism	82%	18%	<1%	0%	0%
Status Offenders	88%	11%	1%	0%	0%

N=3.6

TABLE III

PSYCHOTHERAPEUTIC APPROACHES USED BY PSYCHOLOGISTS

Approach	Never	Sometimes	Frequently	Always
Family Therapy	9%	23%	50%	18%
Behavioral	14%	33%	45%	8%
Play Therapy	31%	33%	32%	4%
Client-Centered	41%	37%	19%	3%
Reality Therapy	42%	35%	22%	1%
Rational Emotive	53%	34%	13%	0%
Group Therapy	64%	26%	10%	<1%
Transactional Analysis	64%	27%	7%	1%
Gestalt Therapy	68%	25%	7%	0%
Psychoanalytic	70%	21%	8%	1%

N=352

FIGURE I

FREQUENCY OF PSYCHOLOGISTS SEEING CHILDREN

IN THERAPY FOR SELECTED TIME PERIODS